

## ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No.

Registered No.

2069  
167

## 1. PLACE OF BIRTH

County Isila State Arizona

District or Township \_\_\_\_\_ or Village \_\_\_\_\_

City Miami No. 1111 Sullivan St., \_\_\_\_\_ Ward \_\_\_\_\_(If birth occurred in a hospital or institution, give its NAME instead of street and number)  
2. Full name of child Rail Gonzalez } If child is not yet named, make supplemental report, as directed.3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other. 5. No., in order of birth. 6. Legitimate? Yes 7. Date of birth March 29-1930 Month Day Year8. FATHER  
Full name Francisco Gonzalez9. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Ariz.10. Color or race mexican 11. Age at last birthday 33 (Years)12. Birthplace (city or place) Villa Hidalgo  
(State or country) Jalisco Mex13. Occupation Taylor  
Nature of Industry14. MOTHER  
Full maiden name Josefina Herrera15. Residence (Usual place of abode) Miami  
If non-resident, give place and state. Ariz.16. Color or race mexican 17. Age at last birthday 27 (Years)18. Birthplace (city or place) San Bernardo  
(State or country) Durango Mex19. Occupation house wife  
Nature of Industry20. Number of children of this mother. 6 } (a) Born alive and now living 5  
(Taken as of time of birth of child herein } (b) Born alive but now dead 2  
certified and including this child.) } (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? arginol

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 7:15 p.m. on the date above stated.  
(Born alive or stillborn)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report.

Signature J. Jimenez Alvarado M.D.  
(Physician or midwife.)Address P.O. Box 1666

Registrar.

Filed April 30 1930 Lee E. Drim Registrar.

979-329-181